

Prepared by M. Gordon
Date 11-2-04

☒ YES ☐ NO Primary Examiner box complete.
☒ YES ☐ NO Issuing Classification complete.

YES NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

YES ~~**NO**~~ Brief Description of Drawings includes description of each figure in drawings.
YES ~~**NO**~~ Continuing data is mentioned in 1st paragraph. (Can be an insert.)

YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
YES NO Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

YES ☒ **NO** ☐ If necessary (biological sequence listing).

YES ☒ **NO** ☐ Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.